

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Fayad et al.	Art Unit : 3737
Serial No. : 10/606,665	Examiner : Parikha Solanki Mehta
Filed : June 26, 2003	Confirmation No.:4805
	Notice of Allowance Date: January 30, 2008
Title : RAPID MULTISLICE BLACK BLOOD DOUBLE-INVERSION RECOVERY TECHNIQUE FOR BLOOD VESSEL IMAGING	

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed January 30, 2008, enclosed is a completed issue fee transmittal form PTOL-85b. The required fee of \$1770 for the issue fee and publication fee, including patent copies is being paid concurrently on the Electronic Filing System (EFS) by way of Deposit Account authorization. Please apply any additional charges or credits to our Deposit Account No. 06-1050, referencing attorney docket number 11006-012001.

Respectfully submitted,

Date:

Date: March 26, 2008

W. J. V. S.

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Reg. No. 40,780

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26161 7590 01/30/2008

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/606.665 06/26/2003 Zahi A. Fayad 11006-012001 4805

TITLE OF INVENTION: RAPID MULTISLICE BLACK BLOOD DOUBLE-INVERSION RECOVERY TECHNIQUE FOR BLOOD VESSEL IMAGING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1440 \$300 \$0 \$1740 04/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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MEHTA, PARIKHA SOLANKI 3737 600-413000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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2 _____

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Mount Sinai School of Medicine
Siemens Medical Solutions USA, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, New York
Malvern, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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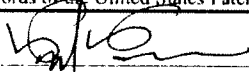
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature



Date

March 26, 2008

Typed or printed name

Paul A. Pysher

Registration No. 40,780

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